

PREMIUMS

2020 PLAN YEAR

CIGNA
ANTHEM DENTAL
ANTHEM VISION

EMPLOYEE ONLY COVERAGE

	2019-CIGNA	2020-CIGNA	2019 DENTAL	2020 DENTAL	2019 VISION	2020 VISION
Monthly Rate	\$564.54	\$642.17	\$25.55	\$27.59	\$5.90	\$5.90
City Pays	\$490.62	\$529.71	\$18.43	\$18.43	\$0.00	\$0.00
Employee Pays	\$73.92	\$113.00	\$7.12	\$9.16	\$5.90	\$5.90
Per Pay Period	\$36.96	\$56.50	\$3.56	\$4.58	\$2.95	\$2.95

EMPLOYEE + SPOUSE COVERAGE

	2019-CIGNA	2020-CIGNA	2019 DENTAL	2020 DENTAL	2019 VISION	2020 VISION
Monthly Rate	\$1,183.03	\$1,346.84	\$77.79	\$84.01	\$11.22	\$11.22
City Pays	\$973.88	\$1,055.78	\$32.89	\$32.89	\$0.00	\$0.00
Employee Pays	\$209.16	\$291.07	\$44.90	\$51.12	\$11.22	\$11.22
Per Pay Period	\$104.58	\$145.53	\$22.45	\$25.56	\$5.61	\$5.61

EMPLOYEE + CHILD / CHILDREN COVERAGE

	2019-CIGNA	2020-CIGNA	2019 DENTAL	2020 DENTAL	2019 VISION	2020 VISION
Monthly Rate	\$1,098.69	\$1,250.82	\$77.79	\$84.01	\$11.80	\$11.80
City Pays	\$947.61	\$1,023.68	\$32.89	\$32.89	\$0.00	\$0.00
Employee Pays	\$151.08	\$227.15	\$44.90	\$51.12	\$11.80	\$11.80
Per Pay Period	\$75.54	\$113.57	\$22.45	\$25.56	\$5.90	\$5.90

EMPLOYEE + FAMILY COVERAGE

	2019-CIGNA	2020-CIGNA	2019 DENTAL	2020 DENTAL	2019 VISION	2020 VISION
Monthly Rate	\$1,717.21	\$1,954.98	\$77.79	\$84.01	\$17.36	\$17.36
City Pay	\$1,168.86	\$1,287.74	\$32.89	\$32.89	\$0.00	\$0.00
Employee Pays	\$548.36	\$667.25	\$44.90	\$51.12	\$17.36	\$17.36
Per Pay Period	\$274.18	\$333.62	\$22.45	\$25.56	\$8.68	\$8.68

***HRA reimbursement will remain \$1250 for 2020.